IN THE UNITED STATES DISTRICT COUNT OF CALIFORN THE NORTHERN DISTRICT OF C

ISAAC SANDOUAL

Plaintiff,

008-11170W

A. HEDGPEHH. WARDEN

Defendant.

PRISONER'S IN FORMA PAUPERIS APPLICATION

I, ISAAC SANDOVAL _____, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

Ιf	your	aı	nswer	is	"ye	es,"	state	both	. you	ır gross	and	l net	salarv	· O~
wag	es p	er	month	1, 8	and	give	the	name	and	address	of	your	employe	er:

Are you presently employed? Yes ____ No X

Employer:

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.;

money from any of the following sources:	welve (12) months, any
a. Business, Profession or	Yes No X
self employment b. Income from stocks, bonds, or royalties?	Yes No <u>X</u>
c. Rent payments?	Yes No _X
d. Pensions, annuities or life insurance payments?	Yes No X
e. Federal or State welfare paymen Social Security or other govern ment source?	ts, Yes No 🗶
If the answer is "yes" to any of the above, money and state the amount received from a	describe each source of
3 Are you married?	Y
3. Are you married? Yes No	
Spouse's Full Name:	/
Spouse's Place of Employment:	NA
Spouse's Monthly Salary, Wages or Income:	
Gross \$	NA
4. a. List amount you contribute to yo	ur spouse's support:
\$	
b. List the persons other than your support and indicate toward their support:	spouse who are dependent how much you contribute
5. Do you own or are you buying a home?	Yes No
Estimated Market Value: \$ Amount o	,
6. Do you own an automobile? Yes	
MakeYear	•
Is it financed? Yes No If so, To	
Monthly Payment: S	

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)	
YesNo _X	
Name(s) and address(es) of bank: PRISON trust Account 9/2007 4.41	6
PRISON TRUST ACCOUNT 2/2008 = 0.46	
Present balance(s): \$ 0.46	
Do you own any cash? Yes No _X Amount: \$	
Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No	
8. What are your monthly expenses?	
Rent: \$ Utilities:	
Food: \$ Clothing:	
Charge Accounts:	
Name of Account Monthly Payment This Account This Account	
NA SNA SNA	
9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)	
·NA	
I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.	
I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.	
2/7/08 SIGNATURE OF APPLICANT	

Case	Number	:	
			_

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of

FSAAC SANDOUAL for the last six months at
[prisoner name]

| KERN VAILEY STATE CRISON | where (s) he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$.74 and the average balance in the prisoner's account each month for the most recent 6-month period was \$.27.084

Dated: **V-29-08**

Authorized officer of the institution

REPORT ID: TS3030 .701

REPORT DATE: 02/28/08

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS

KERN VALLEY STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU FEB. 28, 2008

ACCOUNT NUMBER: V84557

BED/CELL NUMBER: ASU10000000137U

ACCOUNT NAME : SANDOVAL, ISACC

ACCOUNT TYPE: I

4.46

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

TRAN

DATE CODE DESCRIPTION COMMENT CHECK NUM DEPOSITS WITHDRAWALS BALANCE

09/01/2007 BEGINNING BALANCE

CODE

0.00

09/10*VD54 INMATE PAYROL 0392/AUG52 09/11 FC09 DRAW-FAC 9 0416ASUS2D

4.46 4.00 0.46

10/11 FC09 DRAW-FAC 9 0584ASUS2D

0.46 0.00

CURRENT HOLDS IN EFFECT

DATE HOLD

DESCRIPTION

COMMENT

HOLD AMOUNT

PLACED

02/08/2008 H118 LEGAL COPIES HOLD

1248/LCOPY

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 06/17/05

CASE NUMBER: 03F08490

COUNTY CODE: SAC

FINE AMOUNT: \$ 200.00

DATE

TRANS.

DESCRIPTION

BALANCE

TRANS. AMT.

09/01/2007 BEGINNING BALANCE

148.00

09/10/07

VR54

RESTITUTION DEDUCTION-SUPPORT

4.95-

143.05

- * THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
- * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

TRUST ACCOUNT SUMMARY

CURRENT HOLDS TRANSACTIONS TOTAL TOTAL BEGINNING BALANCE DEPOSITS WITHDRAWALS BALANCE BALANCE TO BE POSTED ______ 4.46 0.00 6.80 4.46

CURRENT

AVAILABLE

BALANCE

6.80-



THE WITHIN INSTRUMENT IS A **CORRECT COPY OF THE TRUST** ACCOUNT MAINTAINED BY THIS OFFICE. ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

TŘUST OFFICE

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Filed 03/20 Fage 1 of 1

H SAAC SANDOUAL/V-845-5-7

ROJEN VALLEY STATE PRISON

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PON BOX SIO 7

PON BOX SIO 7

02 1A **\$ 00.410** 0004604192 MAR 06 2008 MAILED FROM ZIP CODE 93215

US DISTRICT COURT NORTHERN DISTRICT USO GOLDEN GATE AVENUE VSO GOLDEN GATE AVENUE SAN FRANCISCO, CA GYLOZ

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